

**Agency Based Community First Choice/Personal Assistance Services
Provider Prepared Standards**

Provider Name		Region/Office
Person Completing Form		Title
Date Completed		Date Submitted

Standard One: SERIOUS OCCURENCES

Provider reports and follows up on all serious occurrences

List of SOR reported outside the 10 working day timeframe?

What are the top three SOR causes and sub-types for your agency?

How does your agency utilize this information in Quality Assurance/Performance Improvement?

Standards Two and Three: (2) PLAN FACILITATOR CRITERIA and (3) NURSE SUPERVISION

Provider employs or contracts with a PCP Plan Facilitator who meets the criteria outlined in policy (AB CFC/PAS 701, 720 and CSB 1103)

Provider agency employs/contracts with a Program Nurse who meets criteria outlined in AB CFC/PAS 701 and 720

☐ Attach a copy of the Nurse Supervisor(s) License

List employee who performed duties of Plan Facilitator (PF) or Nurse Supervisor (NS) between July-December

Attach a separate list if there are more than four employees

Employee/Contractor Name and Role(s): PF/NS/Both	Agency Representative signature verifies free of conflict of interest with any of members	# Years Exp in Aging & Disability Svc	Certification Training date (PF)	Date completed first PCP form (PF)	Date Nurse Supervisor trained in CFC/PAS

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Standard Four: MEMBER SURVEY <i>Provider agency conducts an annual member survey and summarizes results</i>		
<input type="checkbox"/> Attach a copy of the last annual member survey.		
Date Survey Distributed	# of Surveys Distributed	Response Rate (%)
In the space below, summarize the results of the last annual member survey. If no annual member survey was completed, write a SMART (<i>Specific, Measurable, Achievable, Realistic, and Timeframe</i>) goal below.		
Standard Five: PROVIDER ENROLLMENT CRITERIA <i>Provider agencies must meet the provider enrollment criteria outlined in ARM 37.40.4017 and 37.40.1122.</i>		
<input type="checkbox"/> Attach current documentation to verify the following:		
<input type="checkbox"/> General Liability Insurance (\$1,000,000 per occurrence and \$2,000,000 aggregate)	<input type="checkbox"/> Motor Vehicle Liability Insurance (split limits of \$500,000 per person for personal injury and \$100,000 per accident occurrence for property damage; or combined single limits of \$1,000,000 per occurrence to cover such claims as may be caused by any act, omission, or negligence of the provider or its agents, officers, representatives, assigns, or subcontractors)	<input type="checkbox"/> Unemployment Insurance Coverage
		<input type="checkbox"/> Worker's Compensation Coverage

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Standard Six: AGENCY ORGANIZATIONAL STRUCTURE <i>Provider agency submits a written summary of the agency's organizational structure; including the key staff and the role(s) they play in relation to the CFC/PAS Program administration.</i>		
The provider agency must submit a copy of the following: <input type="checkbox"/> organizational chart or <input type="checkbox"/> attach a written summary of the agency's organizational structure		
Standard Seven: PERSONAL CARE ATTENDANT TRAINING CURRICULUM <i>Provider agency's training program is at least 16 hours and contains all mandatory subjects per policy AB CFC/PAS 706.</i>		
<i>Training Topic</i>	<i>Training Method</i>	<i>Trainer Name</i>
<i>Trainer Qualifications</i>	<i>Duration</i>	<i>Evaluation Method/Competency</i>
Orientation to agency and personal assistance program		
Body mechanics, transfer & assisting patient mobility		
Personal assistance skills		
Care of the home and personal belongings		
Safety and accident prevention		
Food, nutrition and meal preparation		
Health oriented record keeping, including time sheets		
Consumer's rights, including confidentiality		
Communication Skills		
Basic human needs; working with the elderly & disabled		
Total Time		
In addition to the training curriculum outlined above, the agency representative must initial the boxes below to indicate that the agency has a written policy that addresses the following: Agency Representative Name: <div style="margin-left: 20px;"> <input type="checkbox"/> Process to determine attendant competency when the 16-hour training is waived that includes <ul style="list-style-type: none"> <input type="checkbox"/> Procedure to evaluate PCA competency; <input type="checkbox"/> Procedure to provide remedial training for a PCA who fails to meet competency; and <input type="checkbox"/> Mechanism to document successful demonstration of competency. </div> <div style="margin-left: 20px; margin-top: 10px;"> <input type="checkbox"/> Role of the Nurse Supervisor in overseeing the 16-hour PCA training and waiver of training certification. The role must include the Nurse Supervisor signing off on all PCA training and waiver of training. </div>		

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Standard Eight: PCA TRAINING CERTIFICATION					
<i>Provider agency ensures that every PCA has been certified and trained prior to delivering CFC/PAS Services</i>					
For the last five PCAs that were hired and provided CFC/PAS Services please complete the following:					
<i>PCA Name</i>	<i>Hire Date</i>	<i>Date Training Completed/Waived</i>	<i>Certification/Competency date</i>	<i>Medicaid ID of First CFC/PAS Member Served</i>	<i>First Day of Service with member</i>

Standard Nine: PCA IN-SERVICE TRAINING REQUIREMENTS
<i>Provider agency ensures that all PCAs receive eight hours of in-service training according to policy AB CFC/PAS 706.</i>
<p>An agency representative must initial the boxes below to indicate that the agency has a written policy that addresses the following: Agency Representative Name:</p> <p><input type="checkbox"/> Process to determine how PCA In-Service training is tracked to ensure that each PCA receives the required in-service training. The policy must include:</p> <ul style="list-style-type: none"> ○ Process to ensure that any PCA who receives a waiver of the training requirement completed mandatory eight hours of in-service training within their first year of employment; and ○ Process to ensure that any PCA who complete the 16-hour training curriculum receives mandatory eight hours of in-service training within their second full year of employment. <p><input type="checkbox"/> Agency must attach a "PCA In-Service Summary" that includes a random sample of five PCAs who have worked <u>more than two years</u> at the agency. Document and submit the following for each PCA:</p> <ul style="list-style-type: none"> ○ PCA Name ○ Training and training certification date ○ or Waiver, waiver competency date and reason for waiver of training requirement ○ In-service training for past two calendar years <ul style="list-style-type: none"> ○ Date completed ○ Topic ○ Length of training (in hours/minutes) ○ Total In-Service Training Time in past two calendar year

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Provider Name		Region/Office
Agency Representative Name:		
Standard Ten: AGENCY INTAKE PACKET		
<i>Provider agency ensures that all intakes include written and verbal information according to policy AB CFC/PAS 702</i>		
<p>An agency representative must initial the box below to indicate that the agency has a written policy that addresses the following: Agency Representative Name:</p> <p><input type="checkbox"/> Mark a check in each box indicating the following documentation is included in the agency intake packet:</p> <ul style="list-style-type: none"><input type="checkbox"/> CFC/PAS program overview<input type="checkbox"/> Provider agency hiring policies;<input type="checkbox"/> Member services and assistance;<input type="checkbox"/> Voluntary attendant management training;<input type="checkbox"/> Provider agency role and responsibilities;<input type="checkbox"/> Member role, rights and responsibilities;<input type="checkbox"/> Provider agency complaint procedure;<input type="checkbox"/> Member responsibility to report incidents that meet the criteria for serious occurrence reporting outlined in AB CFC/PAS 709; and<input type="checkbox"/> Information on Medicaid Fraud		
Standard Eleven: AGENCY ACTION PLAN		
<i>Provider agency must provide a written plan for remediation on any unmet internal quality assurance and provider prepared standards.</i>		
<p>For each unmet standard, please attach your agency action plan. Each goal/action must be:</p> <p>Specific to the unmet standard</p> <p>Measurable and include the agency staff person who will be responsible for measuring the outcome</p> <p>Action specific (i.e., identify specifically how the goal will be achieved)</p> <p>Relevant to the unmet standard and include a</p> <p>Timeframe for implementing and evaluating the action item(s)</p>		